

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mf</i>		01/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>lp</i>	852	08-23-01
RESPONSE FORMALITY REVIEW	<i>SL</i>	1021	11/30/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	02/06/01
2	02/23/01
3	N
4	N
5	N
6	N
7	N
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
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26	N
27	N
28	N
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30	N
31	N
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33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final	
Original	
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Claim	Date
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Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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880  
 08/03  
 852  
 11-21-01